Image# 28935226998 FEC FORM 2 STATEMENT OF CANDIDACY

| 1. (a) Name | of Candidate | (in full) | | | | | | | | | | |
|--|--|----------------|--------------|----------------|-------------|-----------------|-------------------------------|--|-----------|---------|---------|--|
| Brad Ellsv | | | | | | | | | | | | |
| (b) Address (number and street) | | | | | | | 2. Identification Number | | | | | |
| PO Box 6 | | | | | | | H6IN08210 | | | | | |
| (c) City, | State and ZIF | P Code | | | | | 3. Is This Statemen | nt X New | | | Amended | |
| Evansville | | | | IN | 4770 | | | (11) | OR | | (A) | |
| 4. Party Affili | | I . | 5. Office So | ought | | | strict of Candi | date | | | | |
| DEMOCE | RATIC PARTY | / | House | | | IN 08 | 3 | | | | | |
| | | DES | SIGNATIO | ON OF PR | INCIPAL | CAMPAIGN | COMMITTI | EE | | | | |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election) election(s). | | | | | | | | | | | | |
| NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | | | |
| (a) Name | of Committee | e (in full) | | | | | | | | | | |
| Ellswe | orth for Congr | ess | | | | | | | | | | |
| (b) Addre | ess (number a | nd street) | | | | | | | | | | |
| РО В | ox 62 | | | | | | | | | | | |
| (c) City, | State and ZIF | P Code | | | | | | | | | | |
| Evans | sville | | | IN | | 47708 | | | | | | |
| | | DES | SIGNATION | ON OF OT | HER AUT | HORIZED C | ОММІТТЕ | ES | | | | |
| (Including Joint Fundraising Representatives) | | | | | | | | | | | | |
| candidacy | ' . | | | which is NOT r | | ampaign commit | tee, to receive a | and expend fur | nds on be | half of | my | |
| (a) Name | of Committee | e (in full) | | | | | | | | | | |
| (b) Addre | ess (number a | nd street) | | | | | | | | | | |
| | | | | | | | | | | | | |
| (c) City, S | State and ZIP | Code | | | | | | | | | | |
| | | | | | | | | | | | | |
| D | ECLARAT | ION OF IN | NTENT T | O EXPENI | PERSO | NAL FUNDS | G (House o | r Senate (| Only) | | | |
| | | | | eshold amount | | | , | | ,, | | | |
| 9A | | | | | | 0.00 | for the primary election, and | | | | | |
| | | 9B | 0.00 | | | for the gen | for the general election. | | | | | |
| If you do not intend to expend personal funds exceeding the threshold amount for either election, yo | | | | | | | | | | | | |
| | I certify that | at I have exar | nined this S | Statement and | to the best | of my knowledge | e and belief it | is true, correc | ct, and c | omple | ete. | |
| Signature o | I certify that I have examined this Statement and to the best of my knowledge Signature of Candidate | | | | | | | Date | | | | |
| Brad Ellsworth | | | | | | | 12/22/2008 | | | | | |
| NOTE: Submission of false, erroneous or incomplete information may subject the person sign | | | | | | | | ning this Statement to penalties of 2 U.S.C.§437g. | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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